

THEODORE V. MORRISON, JR.
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MARK C. CHRISTIE
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COMMISSIONER

COMMONWEALTH OF VIRGINIA



0706 3 0235

JOEL H. PECK
CLERK OF THE COMMISSION
P.O. BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION Office of the Clerk

June 5, 2007

BUSINESS FILINGS INCORPORATED
8025 EXCELSIOR DR STE 200
MADISON, WI 53717

RE: VOSTROM HOLDINGS, INC.
ID: F165654 - 7
DCN: 07-06-05-2317

Dear Customer:

This will acknowledge receipt of an attested copy of an assumed or fictitious name certificate for the captioned corporation conducting business under the assumed or fictitious name(s) of:

PACKET FORENSICS
(VIRGINIA BEACH CI)

The filing fee of \$10.00 has been received.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

FICTACPT
CIS0313



20070518000677410 Pg. 1 OF 1
 City of Virginia Beach
 05/18/2007 02:57:05 PM BN AN
 Tina E. Sinnen, Clerk

ASSUMED NAME CERTIFICATE VIRGINIA CODE § 59.1-69

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business in the City of Virginia Beach, Virginia, under an assumed or fictitious name.

1 The ASSUMED OR FICTITIOUS NAME of such business

NAME Packet Forensics

ADDRESS 576 N. Birdneck Rd. PMB 710, Virginia Beach, VA 23451

2 The above business is owned by the following entity type ☐ SOLE PROPRIETORSHIP, Must complete A below:

☐ PARTNERSHIP, Must complete B below ☒ CORPORATION or ☐ LIMITED LIABILITY COMPANY, Must complete C below.

A NAME OF OWNER:

RESIDENCE ADDRESS

B. NAME OF PARTNERSHIP:

OFFICE ADDRESS

(1) Is this a general partnership? ☐ NO ☐ YES If YES, a Statement of Partners on the reverse side is completed

(2) Is this a domestic limited partnership? ☐ NO ☐ YES If YES, such domestic limited partnership shall file a certified copy of this certification with the State Corporation Commission § 59.1-70.

(3) Is this a foreign limited partnership? ☐ NO ☐ YES If YES, the date of the certificate of registration to transact business in this Commonwealth issued to the State Corporation Commission and such foreign limited partnership shall file a certified copy of this certificate with the State Corporation Commission, § 59.1-70

C NAME OF ☒ CORPORATION or ☐ LIMITED LIABILITY COMPANY: VOSTROM Holdings, Inc.

OFFICE ADDRESS: 576 N. Birdneck Rd. PMB 710, Virginia Beach, VA 23451

(1) Such corporation or limited liability company shall file a certified copy of this certificate with the State Corporation Commission §59.1-70

(2) Is this a foreign corporation or a foreign limited liability company? ☐ NO ☒ YES If YES, the date of the certificate to transact business in this Commonwealth issued to it by the State Corporation Commission, 2/1/2006

I certify that the foregoing is true to the best of my knowledge and belief.

A SOLE PROPRIETORSHIP.

Name of Owner

Signature of Owner

B PARTNERSHIP OWNED

Name of General Partner

Signature of General Partner

C CORPORATION OWNED

Victor Opplenman
 Name of President

Signature of President

D LIMITED LIABILITY COMPANY

Name of Member/Manager

Signature of Member/Manager

Virginia Beach, Virginia

Acknowledged, subscribed and sworn to before me on

My Commission expires

Notary Public

CERTIFIED TO BE A TRUE COPY
 OF RECORD IN MY CUSTODY

TINA E. SINNEN, CLERK

CIRCUIT COURT, VIRGINIA BEACH, VA

BY Tina E. Sinnen
 DEPUTY CLERK

To: Virginia Corporation Division.

Please find enclosed one original true copy of a Certificate of Assumed Name filed by Virginia Beach City.

Please find enclosed a check for \$10 for this request.

If there are any questions please call Brittani Phelps at 800-981-7183, Ext 269.

Please return all completed documents to:

Business Filings Incorporated
8025 Excelsior Dr., suite 200
Madison, WI 53717

Best Regards,

Business Filings Incorporated

2007 JUN -4 AM 11:22
OFFICE

